

**ATLANTA POLICE DEPARTMENT
TARGETED ENFORCEMENT - GANG UNIT**

Gang Member Identification

Date:		Case #:		School:	
Last Name:		First Name:		M.I.:	
D.O. B.	Age:	SSN:		Parent/Guardian:	
Address:					
City:		State:		Zip:	
Race:		Sex:		Height:	Weight:
Eyes:		Hair:		Skin Tone:	
Build :					
Tattoos/ Brands:					
Clothing (describe specifically):					

Gang Data

Gang/Group:		
Street Name/Alias:	Rank: (if applicable):	Primary Identifier (describe):
Associates:		
Criminal Activity (check all that apply): <input type="checkbox"/> Assault <input type="checkbox"/> Robbery <input type="checkbox"/> Theft/Larceny <input type="checkbox"/> Vandalism/Graffiti <input type="checkbox"/> Other (describe):		
Location of Activity/Incident:		
Description of Activity/Incident (be as specific as possible)		
Zone:	Beat:	Time:

Reporting Officer Data

Officer:	Unit /Watch:	Radio #:
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For Gang Unit Use Only

Assigned to:	Date:	Time:
Supervisor:	Date:	Time:
Initial Report Due:	Clear/Resolved Date:	

